

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/					
6	/					
7		/				
8	/					
9		/				
10		/				
11	/					
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13	/					
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49						
50						
TOTAL IND.	9		↓		↓	↓
TOTAL DEP.	9		↔		↔	↔
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS